

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-6745		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE																							
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																							
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH 04/14/16		DAY THURSDAY		TIME MILITARY 1138																					
CRASH OCCURRED ON 975 Kingsview Apt A Lebanon OH (Parking Lot of Solutions)		WITHIN THE INTERSECTION OF																													
IF NOT IN INTERSECTION		N MILES FEET W S E OF		(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)				CITY CODE																							
LOG-1		LOG-2		LOC JUR FH9 FILT																											
A	UNIT NO 1	NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input checked="" type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT American Commerce																									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO, STREET, CITY, STATE, ZIP CODE)																											
PHONE NO		BIRTH DATE		AGE SEX		SOCIAL SECURITY NO		STATE		DRIVER'S LICENSE NO OCCUPATION																					
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE																			
Francis Farrar				5301 Fischer Rd Clarksville OH 45113								513-316-1737																			
VEH YR 2006		MAKE Dodge		MODEL SW		COLOR Gray		STYLE		STATE OH		LICENSE PLATE NO EBD7354		TOWING SERVICE		VEH. PED DIR FROM N TO S															
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																					
8		UNIT NO 2		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Allstate																							
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO, STREET, CITY, STATE, ZIP CODE)																											
PHONE NO		BIRTH DATE		AGE SEX		SOCIAL SECURITY NO		STATE		DRIVER'S LICENSE NO OCCUPATION																					
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE																			
Daniel Johnson				6769 Park Cir Loveland OH 45140								513-509-6821																			
VEH YR 2010		MAKE Ford		MODEL SW		COLOR Blue		STYLE		STATE OH		LICENSE PLATE NO GBS5521		TOWING SERVICE		VEH. PED DIR FROM N TO S															
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																					
C		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES																			
D		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES																			
E		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES																			
F		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES																			
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F											
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F											
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F											
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F											
A		B		C		OFFENSE CHARGED AND DESCRIPTION		By		A		B		C		D		E		F											
O		B		C		OFFENSE CHARGED AND DESCRIPTION		By		A		B		C		D		E		F											
RECEIVED CALL 1138		DISPATCHED 1139		ARRIVED 1155		CLEARED 1215		OTHER TIME 0020		TOTAL MINUTES 0040		A		B		C		D		E		F									
DATE REPORT FILED 04/15/16		PHOTOS YES NO		OFFICER'S NAME P. B. McManis		BADGE NO 114		CHECKED BY		A		B		C		D		E		F											
1 NOT USED		2 NONE AVAILABLE		3 LAP BELT USED		4 LAP/SHOULDER BELT USED		5 SHOULDER BELT USED		6 CHILD SAFETY SEAT		7 AIR BAG USED		8 USE NOT REPORTED		A		B		C		D		E		F					
1 NOT EJECTED		2 PARTIAL		3 TOTAL		4 TRAPPED INSIDE VEHICLE		A		B		C		D		E		F		A		B		C		D		E		F	
1 NO ALCOHOL DETECTED		2 HBD ABILITY IMPAIRED		3- HBD ABILITY NOT IMPAIRED		4 HBD ABILITY UNKNOWN		A		B		C		D		E		F		A		B		C		D		E		F	
1 NO DRUGS DETECTED		2 USING PRESCRIBED DRUG		3 USING ILLICIT DRUG		A		B		C		D		E		F		A		B		C		D		E		F			

LOCAL FILE NO

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION